

Prior Y, Hammond A (2014) Do Occupational Therapy Services Fulfil the Work Related Needs of Rheumatology Patients in the UK? *Ann Rheum Dis* 2014;73:93 doi:10.1136/annrheumdis-2014-eular.3407

Abstract

Background Before becoming work disabled, people with inflammatory arthritis (IA) experience work instability, which threatens employment. Thus, many employed people with IA are at risk of losing their job. Rheumatology Occupational Therapists (OT) are best placed to provide vocational rehabilitation (VR) within the health service due to their inherent expertise of human occupation. However, currently we know little about the VR services delivered across the UK by Rheumatology OTs in the National Health Service (NHS).

Objectives To conduct a national survey of NHS Rheumatology OT VR provision to describe the services currently available for employed people with IA with job concerns because of arthritis.

Methods All NHS Hospitals in the UK with Rheumatology services were mailed a study invitation pack to partake in an online survey. Those who do not have an access to the internet were provided with a paper version of the survey, with a freepost envelope. The survey requested information on: personal and demographic factors, Rheumatology OT service provision and VR OT service provision. No personally identifiable data was collected. The data collected was primarily quantitative although participants were encouraged to provide additional comments.

Results 78 Rheumatology OTs completed the survey (England n=56; Scotland=14; Wales n=3; Northern Ireland=2). Nearly half of these OTs were a lone Rheumatology OT (n=32) within their setting. The majority were NHS grade band 6 (49%) and band 7 (42%). Although all responded "Yes" to "Do you think it is appropriate for OTs to provide VR", a third stated VR was not provided by their OT department. However, most OTs (n=70) said they provided patients with written, online or electronic information about work problems. Amongst those providing VR (n=56), most said there was no VR referral process from Rheumatology to the OT (n=46). Time spent providing VR varied greatly, as this was tailored to individual patient's needs. Only one in ten OTs providing VR used a standardised assessment to identify work problems (i.e. Rheumatoid Arthritis Work Instability Scale (RA-WIS)). The VR interventions provided were; fatigue management (n=56); splinting (n=55); pacing (n=53); posture/work positioning (n=52); joint protection (n=51); task rotation (n=51); alternative equipment (n=49); relaxation/stress management (n=48); work station modification (n=47); changes to duties (n=47); changes to shift patterns (n=47); exercise at work (n=42); supported (graded) return to work after sick leave (n=40); enabling access in the workplace (n=35); injury prevention; and supporting disclosure (n=23). Half liaised with Occupational Health departments and line managers (n=28), but of these only 16 OTs reported to conduct work site visits. Following VR, 39 therapists followed-up employed patients to identify if they still worked.

Conclusions In the NHS, rheumatology OTs provides VR but the availability and quality varies widely with experience and service constraints. NHS-based job-retention VR provided by OTs includes job modifications, psychosocial and informational strategies, liaising with employers, occupational health and statutory services and multidisciplinary team referral to manage the condition. Barriers to accessing VR need identifying and NHS-wide referral pathways to rheumatology OT VR services could help standardize patients' access to VR.

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